DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HEATHERWOOD LLC (0010276)

Address: 4510 GATEWAY DRIVE, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 03/26/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History			
Survey ID: 0096836 Results: NO STATEME	End Date: 03/31/2006 ENT OF DEFICIENCY ISSUI	Type: OTHER	Purpose: SURVEY
Survey ID: 0096100	End Date: 12/08/2005	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0094702	End Date: 05/05/2005	Type: OTHER	Purpose: DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED			
Survey ID: 0093973	End Date: 12/28/2004	Type: STANDARD	Purpose: SURVEY/COMPLAINT
Results: LICENSE/CERT/REGISTRATION ISSUED			

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 07/27/2004 Date Investigation Completed: 12/28/2004

Subject Area(s) Result SOD #

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